2021-12 A

## Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM CERTIFICATED COMPANY INFORMATION Company Name: BCN Telecom, Inc. Telephone # Mailing Address: 5320 Holiday Terrace, Suite 4 ZIP Code: 49009 State: MI City: Kalamazoo IXCx CLEC Wireless ETC **ILEC** REGISTERED AGENT INFORMATION Registered Agent: B Allston Moore Jr. Mailing Address: 5 Exchange Street ZIP Code: 49401 State: SC City: Charleston

## As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

Fillit of type compa	ily contact	person and contact information	The tire dieds listed below.
	UTILIT	Y REPRESENTATIVE INFORMAT	ION
General Manager			
Name: Kathleen Gorey			
Address: 1200 Mt Kemble Avenue	e, 3rd Floor		
City: Morristown		State: NJ	ZIP Code: 07960
Phone: 908-367-5600	Email: kgo	rey@bcntelec.com	Fax: 908-367-5960
Emergency Contact - Non	Office Hou	ırs	
Name:			
Phone:	Email:		Fax:
Customer Relations/Comp	laints Rep		
Name: Ebony Knott			
Address: 1200 Mt Kemble Avenue	e, 3rd Floor		
City: Morristown		State: NJ	ZIP Code: 07960
Phone: 800-768-2852	Email: ekno	tt@bcntele.com	Fax: 908-367-5960
Complaints Rep for Compl	aint Escala	tion	
Name: Ebony Knott	**************************************		
Address: 1200 Mt Kemble Avenue	e, 3rd Floor		
City: Morristown		State: NJ	ZIP Code: `07960
Phone: 800-768-2852	Email: ekno	tt@bcntele.com	Fax: 908-367-5960
Customer Toll Free Contac	t Number:	800-768-2852	
<b>Engineering Operations</b>			
Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Test and Repair			
Name:			ZIP Code: RECEIVET
Address:			ECE
City:		State:	ZIP Code:
Phone:	Email:		Fax:
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	ŲŢĹĿĨ	Y REPREŞENTATÎVE INFORMATI	ON , S				
Regulatory Officer							
Name & Title: Kathleen Gorey							
Address: 1200 Mt. Kemble Avenue	e, 3rd Floor						
City: Morristown		State: NJ	ZIP Code: 07960				
Phone: 908-367-5600	Email: kgorey@bcntele.com		Fax: 908-367-5960				
Annual Report Form Mailings							
Name & Title: Amanda Gucich, Regulatory Manager							
Address: 5320 Holiday Terrace, Suite4							
City: Kalamazoo		State: MI	ZIP Code: 49009				
Phone: 269-381-8888	Email: con	tact@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Dual Party Invoice Mailings							
Name & Title: Amanda Gucich, Senior Sompliance Specialist							
Address: 5320 Holiday Terrace, S	uite4						
City: Kalamazoo		State: MI	ZIP Code: 49009				
Phone: 269-381-888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Universal Service Fund Mailings							
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist					
Address: 5320 Holiday Terrace, S	uite4						
City: Kalamazoo		State: MI	ZIP Code: 49009				
Phone: 269-381-8888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Gross Receipts Mailings							
Name & Title: Amanda Gucich, Senior Compliance Specialist							
Address: 5320 Holiday Terrace, S	uite4						
City: Kalamazoo		State: MI	ZIP Code: 49009				
Phone: 269-381-8888	Email: con	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855					
Lifeline Contact							
Name & Title: n/a							
Address:							
City:		State:	P Code:				
Phone:	Email:		Fax:				

FORM PREPARER INFORMATION	
This form was completed by: Amanda Gueich	
Signature:	
Title: Regulatory Manager	Date: 03/17/2021

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201